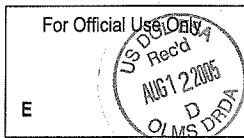


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5675</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Alve</u> <u>L</u> <u>Jemtrud</u> P.O. Box, Bldg., Room No., if any Street <u>41 Sherburne Avenue</u> City <u>St. Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55103</u>	4. Name, file number, and address of labor organization. Name <u>Education Minnesota</u> Labor Organization File Number <u>541-947</u> P.O. Box, Building and Room Number, if any Street <u>41 Sherburne Avenue</u> City <u>St. Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55103</u>
5. Position in labor organization. <u>Director of Economic Services</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/9/05</u> Date	<u>(651) 292-4870</u> Telephone Number

Name of Person Filing Alve Jemtrud	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

See Attached Report.

8. Name and address of Business (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11.a. Nature of such dealing. <input type="text"/> 11.b. Approximate dollar value of such dealing. <input type="text"/> 12.a. Nature of interest held or income received. <input type="text"/> 12.b. Amount. <input type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/> 14.b. Amount of payment. <input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: AIG Bill Doherty, Account Director One AIG Center Wilmington, DE 19803	Business deals with: Auto & Home Insurance	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
May 15, 2004	NEAMB Workshop Miami Beach, FL	Dinner	\$50

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: American Fidelity Insurance Don Linsenmeyer, Vice President 2000 Classen Oklahoma City, OK 73106	Business deals with: Disability Insurance	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
May 14, 2004	NEAMB Workshop Miami Beach, FL	Golf Event	\$100

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: California Casualty Management Co. Doug Goldberg, Vice President P.O. Box M 94402-0080 1900 Alameda de las Pulgas San Mateo, CA 94403	Business deals with: Auto & Home Insurance	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
January 16, 2004	NEA Regional Conference Minneapolis, MN	Food & Refreshments	\$25
May 16, 2004	NEAMB Workshop Miami Beach, FL	Golf Event	\$100
May 16, 2004	NEAMB Workshop Miami Beach, FL	Dinner	\$50
August 17, 2004	Annual Meeting Minnesota	Golf Event	\$50

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: Educators Credit Services Tom Buslee, Vice President 6800 France Avenue S., Ste. 178 Edina, MN 55435	Business deals with: Mortgage & Credit Management Services	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
August 31, 2004	Business Meeting Stillwater, MN	Golf Event	\$90

2004 Gifts			
Item #8	Item #9	Item #11.a	Item #11.b
Name and address of Business: Educators Financial Services Kent Schutte, President 440 Emerson Street N. Ste. #2 Cambridge, MN 55008	Business deals with: Financial Services	Nature of such dealing: Labor Organization	Approx. dollar value of such dealing:
May 6, 2004	MASBO Conference Breezy Pt., MN	Golf Event	\$40
July 28 & 30, 2004	EFS Annual Kick-Off, White Bear Lake, MN	Breakfasts & Dinner	\$45
October 16, 2004	Annual Meeting NEAMB Gaithersburg, MD	Dinner	\$50
October 17, 2004	Annual Meeting NEAMB Gaithersburg, MD	Golf Event	\$90
October 17, 2004	Annual Meeting NEAMB Gaithersburg, MD	Dinner	\$50